

According to the Centers for Disease Control and Prevention (CDC), the term gender identity “refers to a person’s basic sense of self, of identifying as male, female, or some other gender” and the term transgender refers to people whose gender identity does not conform to the norms and expectations traditionally associated with the binary classification of gender based on sex assigned at birth (CDC, 2011). Not everyone with gender-nonconforming appearance or behavior will identify as a transgender person (APA, 2011).

Being transgender does not put an individual at higher risk for contracting HIV. However, the transgender community can face a variety of issues such as discrimination, needle sharing (for injecting hormones, silicone, and drugs), engaging in sex work, living in extremely marginalized situations

with limited access to trans-sensitive medical care, having difficulty in employment situations, and experiencing other socio-economic problems such as poverty, lack of health insurance, and homelessness (Xavier, 2007; CDC, 2011). All of these factors contribute to this population’s high risk for transmitting and contracting HIV.

In 2008, Herbst and colleagues published a comprehensive review of US-based studies focusing on male-to-female transgender women. The 29 studies were conducted between 1990 and 2003 and included locations in 10 states, Puerto Rico and the District of Columbia. The meta-analysis revealed that nearly 28% of MTFs tested positive for HIV disease while 12% self-reported being HIV-positive. African-American MTFs were more likely to be living with HIV disease than White or Hispanic MTFs. In addition, 27-48% of MTFs said they engaged in risky behaviors such as unprotected sexual intercourse, multiple casual partners, alcohol and drug use, and participation in sex work. For comparison, the prevalence rates of HIV and risky behaviors among FTM transgender men in five studies were low (Herbst, 2008).

Transgender people are commonly categorized by their gender vector, describing the direction of gender change from birth sex assignment.



Male to Female
MTF
Transwoman
Transgender woman



Female to Male
FTM
Transman
Transgender man

Research utilizing convenience sampling in U.S. cities suggests that transgender women may be at high risk for HIV infection.

The term “transgender” encompasses many sub-populations, not all will undergo gender transition and/or live in a gender opposite their physical sex.

VIRGINIA

In Virginia, there have been changes in the data collection method as it relates to the transgender population. Prior to 2008, HIV testing forms used in the state for the HIV Counseling, Testing and Referral system did not capture whether an individual identified as transgender. Since that time, forms have been changed to include transgender “MTF” and “FTM” as additional selections for the sex variable. The Virginia Department of Health (VDH) Division of Disease Prevention has worked to encourage local agencies to begin to capture this data and to ensure that forms used by agencies who receive funding are trans-sensitive. However, data remains limited.

Resources

In recent years, two community based organizations* working with the VDH Division of Disease Prevention have been providing specialized clinics to those who identify as transgender to ensure culturally sensitive medical care. This has served to help keep numerous individuals connect to primary medical care, while providing consistent HIV testing to those who are at high risk. Both clinics have also provided CDC approved interventions for continuing HIV prevention and education.

Through these clinics, data has been gathered to help the collective understanding of transgender Virginians living with HIV disease. The CDC does not identify any national estimates for the number of people who are transgender and infected with HIV.

Transgender Clinic Results

Since its inception in 2004, Virginia's first Transgender Health Clinic has administered a total of **126** HIV tests. Thirteen of those tests have been newly-diagnosed positives, resulting in a positivity rate slightly over **10%**. Currently **7.4%** of active clients are living with HIV disease. Of those, 82% reported being in care as of their last clinic visit.

All patients entering the Transgender Clinic are offered HIV testing and the providers who work with the patients recommend testing for anyone who is at risk or who has a risk status that has changed.

THIS Study

In 2006, a quantitative survey called the Virginia Transgender Health Initiative Study (THIS) was conducted. The study had a total sample size of 350 participants: 65% were male-to-female (n=229) and 35% were female-to-male (n=121) transgendered persons. THIS provided some insights to the self-reported rates of HIV infection in Virginia. Of the total, 266 reported their HIV status, 10.5% of whom indicated they were HIV positive (Xavier, 2007). This closely mirrors information gathered in May of 2011 which showed that between 10.9 and 13.3% of all patients ever seen by the two Transgender Health Clinics in Virginia were HIV positive.

REFERENCES

American Psychological Association (APA). (Revised, 2011). "Answers to Your Questions About Transgender People, Gender Identity, and Gender Expression." Accessed November 2011: <http://www.apa.org/topics/sexuality/transgender.aspx>

CDC (2011). "HIV among Transgender People." Accessed November 2011: <http://www.cdc.gov/hiv/transgender/index.htm>

Herbst, J.H. *et al.* (2008) Estimating HIV prevalence and risk behaviors of transgender persons in the United States: a systematic review. *AIDS Behavior* 12(1):1-17.

Xavier, J. *et al.* (2007). The Health, Health-Related Needs, and Life-Course Experiences of Transgender Virginians. Accessed November 2011: <http://www.vdh.virginia.gov/epidemiology/DiseasePrevention/documents/pdf/THISFINALREPORTVol1.pdf>

*As of this writing, one of the Transgender Health Clinics in Virginia has stopped seeing patients.